

Form **990**

OMB No 1545-0047

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2004

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2004 calendar year, or tax year beginning , and ending**B** Check if applicable:

- ☒ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**AMERICANS FOR LTD GOVERNMENT, INC**

Number and street (or P O box if mail is not delivered to street address)

240 WAUKEGAN ROAD

Room/suite

200

City or town, state or country, and ZIP + 4

GLENVIEW**IL 60025****D** Employer identification no.**36-3975580****E** Telephone number**847-657-7251****F** Accounting method: ☐ Cash☒ Accrual ☐ Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: **WWW.GETLIBERTY.ORG****J** Organization type(check only one) ☒ 501(c) (**4**) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000.

The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H and I are not applicable to section 527 organizations

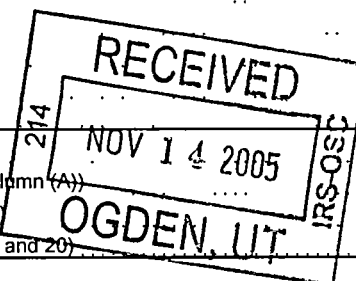
H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ☐ Yes ☐ No**H(c)** Are all affiliates included? ☐ Yes ☐ No (If "No," att a list See instr)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No**I** Group Exemption Number**M** Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **120,577****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)**

R Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	116,193		
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 116,193 noncash \$)			1d	116,193
	2 Program service revenue including government fees and contracts (from Part VII, line 93)			2	
	3 Membership dues and assessments			3	
	4 Interest on savings and temporary cash investments			4	3,386
	5 Dividends and interest from securities			5	
	6a Gross rents	6a			
	b Less: rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)			6c	
7 Other investment income (describe SEE STATEMENT 1)			7	373	
E Expenses	8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	b Less: cost or other basis and sales expenses	8a			
	c Gain or (loss) (attach schedule)	8b			
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
	9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			8d	
	a Gross revenue (not including \$ of contributions reported on line 1a)	9a			
	b Less: direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
	10a Gross sales of inventory, less returns and allowances	10a			
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
	11 Other revenue (from Part VII, line 103)			11	625
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	120,577	
13 Program services (from line 44, column (B))			13	194,764	
14 Management and general (from line 44, column (C))			14	10,319	
15 Fundraising (from line 44, column (D))			15	1,898	
16 Payments to affiliates (attach schedule)			16		
17 Total expenses (add lines 16 and 44, column (A))			17	206,981	
18 Excess or (deficit) for the year (subtract line 17 from line 12)			18	-86,404	
19 Net assets or fund balances at beginning of year (from line 73, column (A))			19	108,603	
20 Other changes in net assets or fund balances (attach explanation)			20		
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	22,199	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2004)

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Part II Statement of

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Functional Expenses

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) STMT 2 (cash \$ 151,000 non-cash \$)	22 151,000	151,000		
23 Specific assistance to individuals	23			
24 Benefits paid to or for members	24			
25 Compensation of officers, directors, etc.	25 6,500	6,500		
26 Other salaries and wages	26 21,571	16,506	3,167	1,898
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29 663		663	
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32 315		315	
33 Supplies	33			
34 Telephone	34			
35 Postage and shipping	35			
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38 75	75		
39 Travel	39 500	500		
40 Conferences, conventions, and meetings	40			
41 Interest	41 333		333	
42 Depreciation, depletion, etc. (attach schedule)	42			
43 Other expenses not covered above (itemize): a	43a			
b SEE STATEMENT 3	43b 26,024	20,183	5,841	
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 206,981	194,764	10,319	1,898

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$, (ii) the amount allocated to Program services \$,

(iii) the amount allocated to Management and general \$, and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose?

SEE STATEMENT 4

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) & (4) orgs. & 4947(a)(1) trusts, but optional for others.)

a RESEARCH AND EDUCATION REGARDING LIMITED GOVERNMENT IDEAS.	(Grants and allocations \$ 151,000)	194,764
b	(Grants and allocations \$)	
c	(Grants and allocations \$)	
d	(Grants and allocations \$)	
e Other program services (attach schedule)	(Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		194,764

Part IV Balance Sheets (See page 25 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year	(B) End of year
45	Cash-non-interest-bearing		45 1,280
46	Savings and temporary cash investments	109,228	46 15,084
47a	Accounts receivable	47a	
b	Less: allowance for doubtful accounts	47b	47c
48a	Pledges receivable	48a	
b	Less: allowance for doubtful accounts	48b	48c
49	Grants receivable		49
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50
51a	Other notes and loans receivable (attach schedule) SEE WORKSHEET	51a 106,168	
b	Less: allowance for doubtful accounts	51b	51c 106,168
52	Inventories for sale or use		52
53	Prepaid expenses and deferred charges		53
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
55a	Investments-land, buildings, and equipment: basis	55a	
b	Less: accumulated depreciation (attach schedule)	55b	55c
56	Investments-other (attach schedule)		56
57a	Land, buildings, and equipment: basis	57a	
b	Less: accumulated depreciation (attach schedule)	57b	57c
58	Other assets (describe <input type="checkbox"/>)		58
59	Total assets (add lines 45 through 58) (must equal line 74)	109,228	59 122,532
60	Accounts payable and accrued expenses	625	60
61	Grants payable		61
62	Deferred revenue		62
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63
64a	Tax-exempt bond liabilities (attach schedule)		64a
b	Mortgages and other notes payable (attach schedule)		64b
65	Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 5)		65 100,333
66	Total liabilities (add lines 60 through 65)	625	66 100,333
Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
67	Unrestricted		67
68	Temporarily restricted		68
69	Permanently restricted		69
Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74			
70	Capital stock, trust principal, or current funds		70
71	Paid-in or capital surplus, or land, building, and equipment fund		71
72	Retained earnings, endowment, accumulated income, or other funds	108,603	72 22,199
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	108,603	73 22,199
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	109,228	74 122,532

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
N/A	N/A
a Total revenue, gains, and other support per audited financial statements ▶ b Amounts included on line a but not on line 12, Form 990: (1) Net unrealized gains on investments \$ _____ (2) Donated services and use of facilities \$ _____ (3) Recoveries of prior year grants \$ _____ (4) Other (specify): _____ \$ _____ Add amounts on lines (1) through (4) ▶ c Line a minus line b ▶ d Amounts included on line 12, Form 990 but not on line a: (1) Investment expenses not included on line 6b, Form 990 \$ _____ (2) Other (specify): _____ \$ _____ Add amounts on lines (1) and (2) ▶ e Total revenue per line 12, Form 990 (line c plus line d) ▶	a Total expenses and losses per audited financial statements ▶ b Amounts included on line a but not on line 17, Form 990: (1) Donated services and use of facilities \$ _____ (2) Prior year adjustments reported on line 20, Form 990 \$ _____ (3) Losses reported on line 20, Form 990 \$ _____ (4) Other (specify): _____ \$ _____ Add amounts on lines (1) through (4) ▶ c Line a minus line b ▶ d Amounts included on line 17, Form 990 but not on line a: (1) Investment expenses not included on line 6b, Form 990 \$ _____ (2) Other (specify): _____ \$ _____ Add amounts on lines (1) and (2) ▶ e Total expenses per line 17, Form 990 (line c plus line d) ▶

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
ROBERT COSTELLO 518 DAVIS ST, STE 201 EVANSTON IL	DIRECTOR 0	0	0	0
PAUL FARAGO 5231 SW MARTHA STREET PORTLAND OR	DIRECTOR 0	0	0	0
ERIC O'KEEFE 504 E MADISON ST SPRING GREEN WI	DIRECTOR 0	0	0	0
HOWARD RICH 73 SPRING ST, #507 NEW YORK NY	DIRECTOR 0	0	0	0
JEFF SINGER 4442 E HORSESHOE ROAD PHOENIX AZ	DIRECTOR 0	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?
 If "Yes," attach schedule-see page 28 of the instructions.

▶ ☐ Yes ☒ No

Part VI Other Information (See page 28 of the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization AMERICANS FOR LTD GOVT FOUNDATION and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions	81a	
b	Did the organization file Form 1120-POL for this year?	81b	X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	0
d	Section 162(e) lobbying and political expenditures	85d	0
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	0
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed IL	90b	0
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions)		
91	The books are in care of THE ORGANIZATION Located at GLENVIEW, IL	Telephone no. 847-657-7251 ZIP + 4 60025	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	<input type="checkbox"/>

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by sec 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					3,386
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					373
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b OTHER INCOME					625
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		0	4,384
105 Total (add line 104, columns (B), (D), and (E))					4,384

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
N/A	

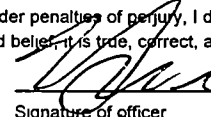
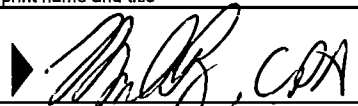
Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer 		Date 11/02/05	
	Type or print name and title Howard Rich, Director			
Paid Preparer's Use Only	Preparer's signature 	Date 8/11/05	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Instr W) P00142967
	Firm's name (or yours if self-employed), address, and ZIP + 4 BUNGE & ASSOCIATES, P.C. 2800 W HIGGINS RD STE 105 HOFFMAN ESTATES, IL 60195-5220	EIN 36-3473124	Phone no 847-490-1040	

Forms 990 / 990-PF	Other Notes and Loans Receivable	2004
For calendar year 2004, or tax year beginning , and ending		
Name AMERICANS FOR LTD GOVERNMENT, INC		Employer Identification Number 36-3975580

FORM 990, PART IV, LINE 51A - ADDITIONAL INFORMATION

Name of borrower	Relationship to disqualified person
(1) AMERICANS FOR LIMITED GOVERNMENT FOU	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 102,782	12/31/04	12/31/05	DEMAND	9.000
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) UNSECURED	WORKING CAPITAL
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)		106,168	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals		106,168	

Statement 1 - Form 990, Part I, Line 7 - Other Investment Income

Description	Amount
INVESTMENT INCOME	\$ 373
TOTAL	\$ 373

Federal Statements

Statement 2 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions

	Name Address	Relationship to Org	Class of Activity		Book Value	BV Explantn	FMV Explantn
	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib			
VARIOUS			\$ 151,000	\$	\$		
TOTAL			\$ 151,000	\$ 0	\$ 0		

Federal Statements**Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Mgt & General</u>	<u>Fund- Raising</u>
	\$	\$	\$	\$
EXPENSES				
BANK SERVICE CHARGES	541		541	
COMPUTER EXPENSE	20	20		
CONSULTANT	14,675	9,425	5,250	
DUES & SUBSCRIPTIONS	125	125		
MEDIA-RADIO	10,000	10,000		
MISCELLANEOUS	108	108		
OTHER TAXES	50		50	
WEBSITE DEVELOPMENT	505	505		
TOTAL	\$ 26,024	\$ 20,183	\$ 5,841	\$ 0

Statement 4 - Form 990, Part III - Organization's Primary Exempt Purpose

TO INFORM, EDUCATE AND RALLY AMERICANS TO RESTORE A SMALLER
GOVERNMENT BY PROMOTING LIMITED GOVERNMENT IDEAS THAT
REDUCE THE SIZE AND SCOPE OF OUR GOVERNMENT.

Federal Statements**Statement 5 - Form 990, Part IV, Line 65 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
NOTE/INT PAY-LEGIS ED ACTION DRIVE	\$ <u> </u>	\$ <u>100,333</u>
TOTAL	\$ <u> 0</u>	\$ <u>100,333</u>